

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145988	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/13/2012
NAME OF PROVIDER OR SUPPLIER TRANSITIONS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 DIXON AVENUE ROCK FALLS, IL 61071		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 496	Continued From page 12 (2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to check the Health Care Worker Registry on a newly hired Certified Nursing Assistant (CNA) prior to hire. This applies to 1 (E5) of 7 employee files reviewed for Health Care Registry Checks. The findings include: E5's personnel file showed she was hired by the facility on 4-13-12. The facility had no registry verification completed prior to hire. On 7-11-12 at 1:20 PM, E3 (Business Office Manager) stated, "I have only been here two weeks and I have no idea how it was done in the past, but I am aware the Healthcare Worker registry needs to be checked prior to hire." E3 verified the facility had no evidence of a registry check being done prior to hire.	F 496			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	Continued From page 13 Licensure Violations: 300.625a) 300.625b) 300.625c)1)2) Section 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed	F9999			

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F9999	<p>Continued From page 14 through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>THIS REQUIREMENT WAS NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review the facility failed to ensure residents (identified as criminal offenders) have a fingerprint-based background check, and have the results sent to the Department of Public Health. The facility failed to ensure residents (identified as criminal offenders) have a risk assessment completed by the Illinois State Police (ISP).</p> <p>This applies to 1 of 1 residents (R7) reviewed for offender checks in the sample of 10 and 2 residents (R18 & R23) in the supplemental sample.</p> <p>The findings include:</p> <p>On 07/10/12 at 12:15 PM, E9 (Director of Social Services) stated, "We have three identified offenders. We do not have a risk assessment because they were admitted a long time ago, and I didn't know we had to have one done."</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>On 07/11/12 at 2:00 PM, E10 (Director of Business Development) stated, "We did fingerprint checks on 2 of the 3 identified offenders. We do not have [ISP] risk assessments for any of the residents [identified as criminal offenders.] I faxed the identified offender information form [to the Department of Public Health Offenders Program] today."</p> <p>The facility's undated identified offender information form shows R7 was admitted on 04/12/11. The facility does not have a current risk assessment completed by the ISP for R7.</p> <p>The facility's undated identified offender information form shows R18 was admitted on 03/22/10. The facility does not have a current risk assessment completed by the ISP for R18.</p> <p>The facility's undated identified offender information form shows R23 was admitted on 09/25/07. The facility does not have a current risk assessment completed by the ISP for R18.</p> <p>The undated facility policy titled, Resident Background Screening Investigations, states, "Our facility conducts resident background screening checks and criminal conviction investigations checks on individuals admitting to our facility... 3. If the results of background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public health based on verification from the facility that the resident's health or lack of potential risk. The facility shall arrange for the finger print-based background check or request a waiver from the Department within 5 days after receiving</p>	F9999			

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F9999	<p>Continued From page 16 inconclusive results of a name-based background check. The facility shall take all necessary precautions to provide a safe environment for all residents while we await the results of the fingerprint based check; 4. Should the background investigation disclose any information indicating that the individual has been convicted of a disqualifying crime... the facility shall fax an Identified Offender Information Form along with the ISP Background Report... to the Department of Public Health Identified Offenders Program..."</p> <p>Section 300.661 Health Care Worker Background Check Section 955.165h) A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955). 955.165 h) The student, applicant or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Department of State Police. (Section 33(e) of the Act)</p> <p>4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor.</p> <p>5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility failed to collect employee fingerprint background checks within 10 working days of a signed authorization, failed to suspend the employees that did not get fingerprint background checks, and failed to terminate the employees after 30 days of no fingerprint background check.</p> <p>This applies to 2 of 7 employee (E4, E5) files reviewed for Health Care Worker Background Checks.</p> <p>The findings include:</p> <p>E4's personnel file shows that she was hired on 5-2-12. According to the personnel file, E4 was issued the fingerprint application on 4-30-12. As of 7-11-12, fingerprints had not been obtained and E4 continued to work with out suspension or termination. E3 (Business Office Manager) stated, " I have only been working here for two</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>weeks and I have no idea how it was done in the past, but I am aware that fingerprints need to be checked within 10 days of hire." E5's personnel file shows that she was hired on 4-13-12. There is no evidence that a fingerprint application was initiated for E5. E5 continued to work without suspension or termination.</p> <p>300.610a) 300.1210b)4) 300.1210d)5 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest</p>	F9999			

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F9999	<p>Continued From page 19</p> <p>practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection,</p>	F9999			

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F9999	<p>Continued From page 20 and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a dressing for the coccyx was in place as ordered and failed to have pressure relieving devices for a resident at risk for developing pressure ulcers. These failures contributed to a stage II pressure ulcer worsening to a stage III, and 5 additional stage II pressure ulcers developing. This is for 1 of 3 residents (R8) reviewed for pressure ulcers in the sample of 10.</p> <p>The findings include:</p> <p>On 7/10/12 at 1:05 PM, E7 and E8 (both Certified Nursing Assistants-CNA) transferred R8 from the reclining wheelchair into bed. There was no pressure relieving cushion in the wheelchair. R8's pressure ulcer at the crease of the coccyx had no treatment dressing applied to the area. R8 had 5 open areas on both sides of the buttocks. R8 was positioned on her back.</p> <p>On 7/10/12 at 1:05 PM, E7 stated that when R8 was gotten up for lunch (at 11:20 AM) the dressing was soiled with bowel movement and was removed. R8 was up in the wheelchair for lunch without a dressing on the pressure ulcer.</p>	F9999			

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F9999	<p>Continued From page 21</p> <p>On 7/10/12 at 1:10 PM, E8 stated, "We usually start [R8] on her back [when positioning in the bed], then turn her side to side."</p> <p>On 7/10/12 at 1:20 PM, E2 (Director of Nursing), stated the 5 lower open areas are new and there are no treatment orders for them. "I was not aware of them." On 7/11/12 at 10:35 AM, E2 stated that R8's wheelchair should have a pressure relieving cushion in place when she is sitting in it and should not be sitting up without a dressing on the pressure ulcer. E2 also said R8 should be positioned off the pressure ulcer as much as possible.</p> <p>On 7/10/12 at 11:30 AM, 12:15 PM, & 1:00 PM and on 7/11/12 at 8:20 AM, & 9:00 AM, R8 was sitting in the reclining wheelchair without a pressure relieving cushion.</p> <p>R8 's July 2012 Physician Order Sheet and Treatment Administration Record state, " Monitor buttock wound every shift to ensure the dressing is intact. Cleanse with normal saline/wound cleaner. Apply a small amount of Hydrogel AG to wound bed only. Cover with collagen dressing cut to fit wound bed. Cover with bordered foam dressing every day. Reposition side to side. "</p> <p>R8's Wound / Skin Healing Record shows that on 3/20/12 a stage II pressure ulcer developed at the crease of the coccyx with measurements of 1.2 X 0.8 X 0.1 centimeters (cm). On 5/3/12 after a wound consultation, the pressure ulcer was staged at III with measurements of 1.4 X 1.0 X 0.2 cm. Measurements between 6/13/12 to 7/4/12 show the wound increasing in size. On 7/4/12 it measured 5 X 3 X 0.1 cm.</p>	F9999			

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F9999	Continued From page 22 The facility's 7/4/12 Weekly Wound Report shows R8 had a stage III pressure ulcer at the crease of the coccyx. The 7/11/12 Report shows R8 had the stage III ulcer at the coccyx and 5 additional stage II pressure ulcers on the buttocks with the following measurements (in centimeters): Right buttock #1- 0.4 X 0.2 X 0.1, Right #2- 1.1 X 1.2 X 0.1, Right #3- 0.9 X 0.6 X 0.1, Left buttock #4- 0.7 X 0.3 X 0.1, Left #5- 1.1 X 0.5 X 0.1. R8 was to be repositioned side to side. The 5/4/12 Minimum Data Set shows that R8 was totally dependent of 2 staff for bed mobility, transfers, dressing, personal hygiene, bathing, and toilet use. R8's Skin Integrity care plan shows interventions including: observe skin for reddened areas and irritation. Pay close attention to pressure areas, as well as her buttocks; communicate findings to Nurse so she may assess and follow up with doctor, dietary supervisor, and dietician, as needed; assess the need for chair cushion with changes in skin condition. R8's care plan also documented that on 2/10/12 a 1 X 0.4 reddened area was noted to the lower right buttock and was healed on 2/17/12. The facility's 2010 Pressure Ulcer Risk Assessment policy states, "Routinely assess and document the condition of the resident's skin per facility wound and skin care program for any signs and symptoms of irritation or breakdown. Immediately report any signs of a developing pressure ulcer to the supervisor." The facility's 2010 Pressure Ulcer Treatment	F9999			

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F9999	Continued From page 23 policy states under Pressure Ulcer Interventions/Care Strategies for stage I, stage II, and stage III: Determine cause of pressure and relieve; redistribute pressure; implement pressure-relieving device(s) in accordance with resident's assessed needs; protect the wound. The facility's 2010 Prevention of Pressure Ulcers policy states, "For a person in a chair: ...use foam, gel or air cushion as indicated to relieve pressure." "Immediately report any signs of a developing pressure ulcer to the supervisor." (B)	F9999			